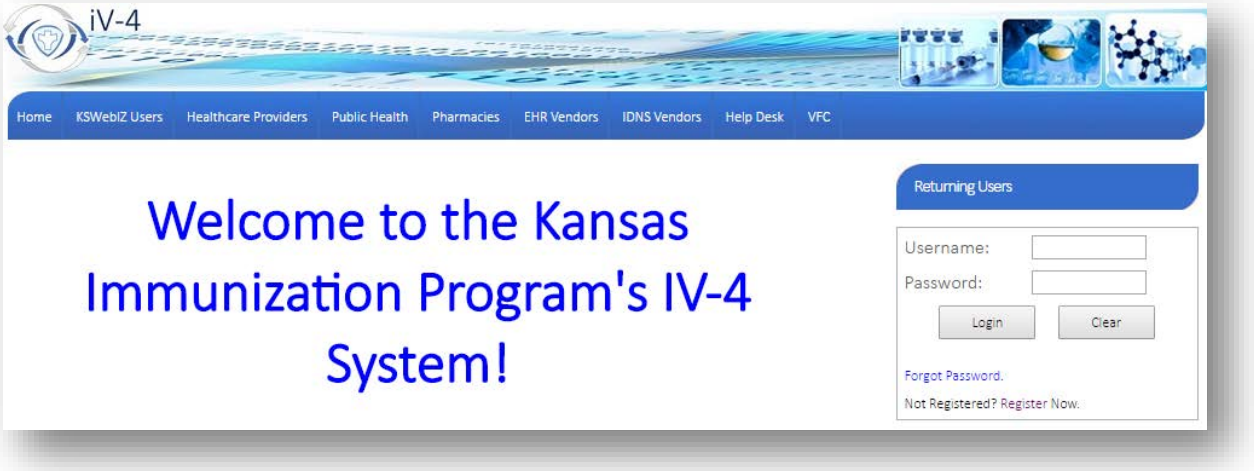
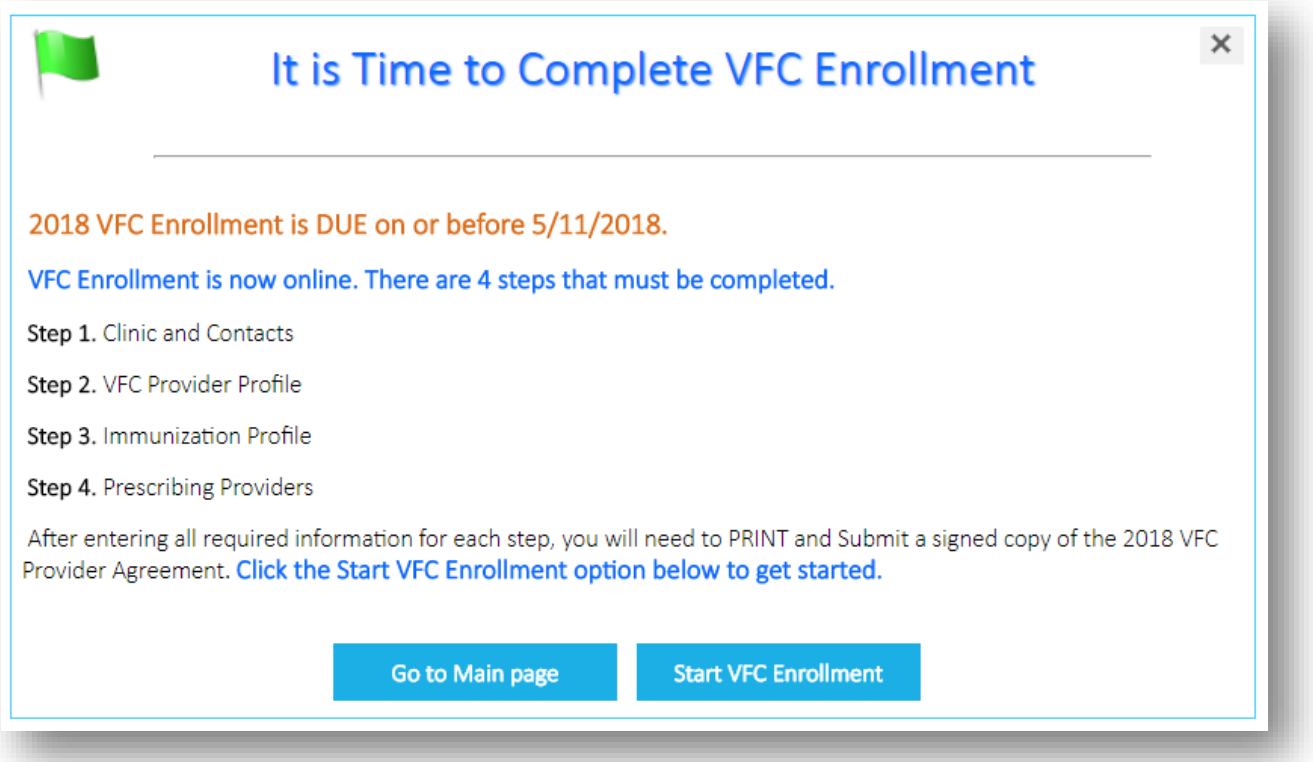
2018 VFC Provider Enrollment

Getting Started

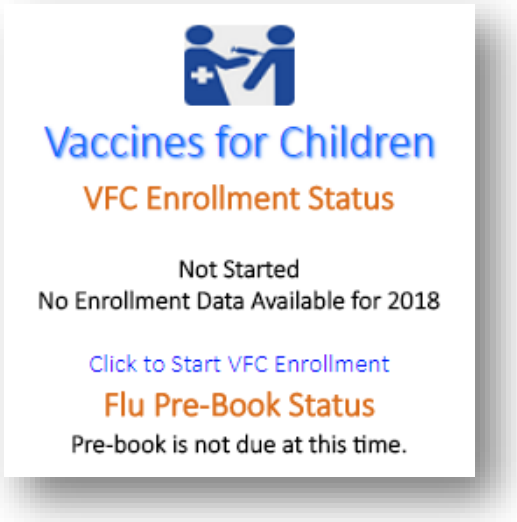
Visit the web page www.contactkswebiz.info and login to your IV-4 account. If you do not have an IV-4 account, visit www.contactkswebiz.info and select the VFC tab and select *START HERE*. The system will first walk you through setting up your login and then send you through the VFC enrollment.



Once you are logged in to your IV-4 account, you will see the VFC Enrollment reminder that indicates the due date and information needed to complete the enrollment. You may select *Go to Main page* or *Start VFC Enrollment*.



If you select the option *Go to Main Page*, you can access the enrollment in your *Vaccines for Children* box by selecting *Click to Start VFC Enrollment*.



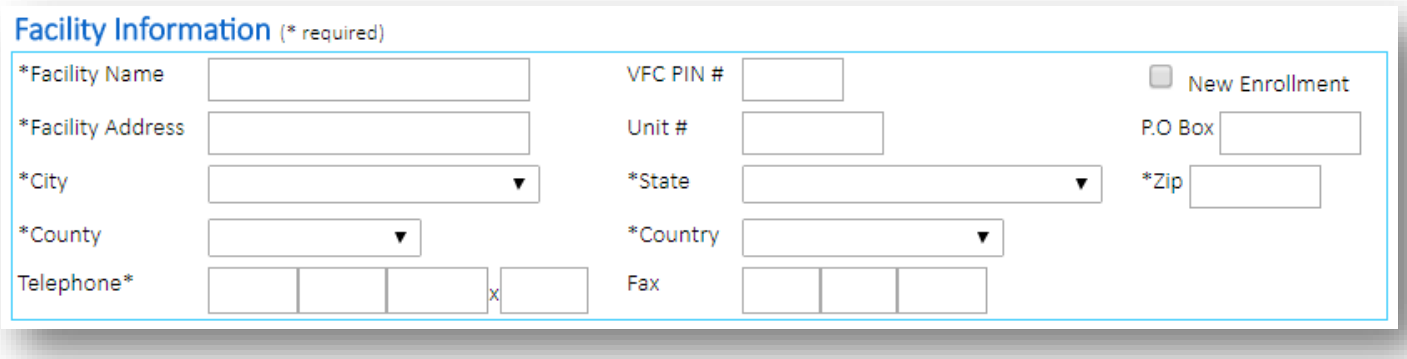
The system will guide you through several steps to collect information necessary to complete enrollment. You may logout at any time after completing a step. Be sure to complete the step you are on before logging out to save the information you entered. When you log back in, the system will prompt you to continue where you left off.

What's New This Year

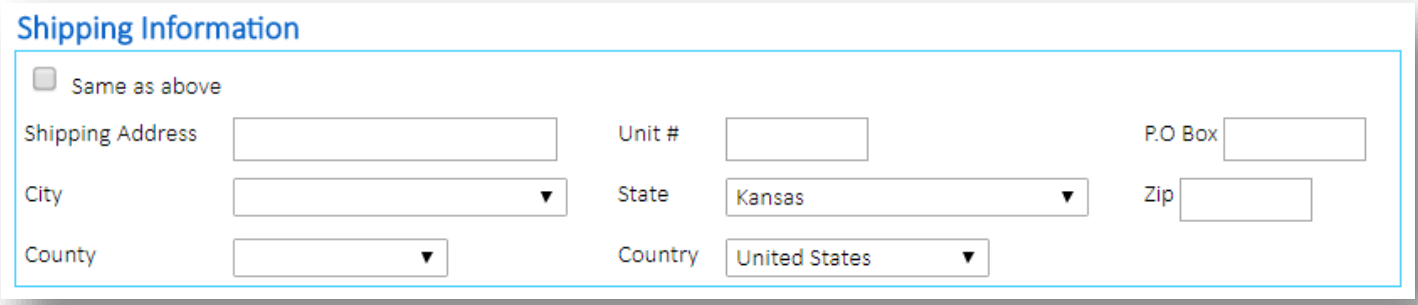
This year the Kansas Immunization Program will be collecting information on whether or not clinics maintain insurance coverage for loss of vaccine (e.g. in the event of a temperature excursion or power failure). Responses to this question will be required on condition #14 of the 2018 VFC Provider Agreement. You will be unable to submit the enrollment without providing a response to this question, so it is recommended that this information be collected before working on the Agreement.

Information Collected During Enrollment

Clinic's Physical Location



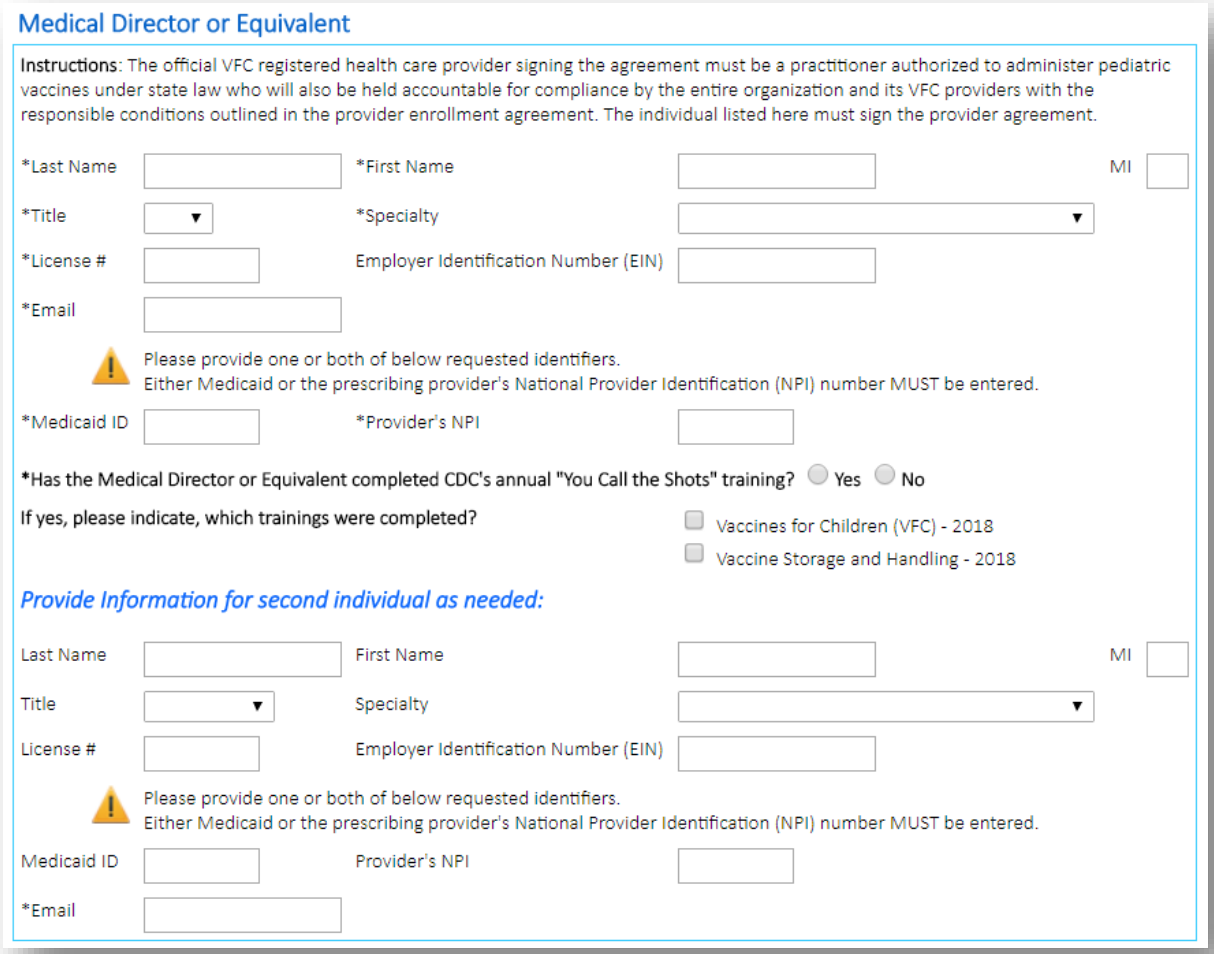
Shipping Address



Medical Director

A. Name (Last, First)
B. Contact Information: Phone and email
C. Declare if they have completed 2018 annual online VFC trainings provided by CDC
    I. Vaccines for Children (VFC)-2018
    II. Vaccine Storage and Handling-2018

Please note: The CDC 2018 VFC Training Modules are not required for the Medical Director, they are optional. Selecting "no" when declaring completion of the modules is acceptable.

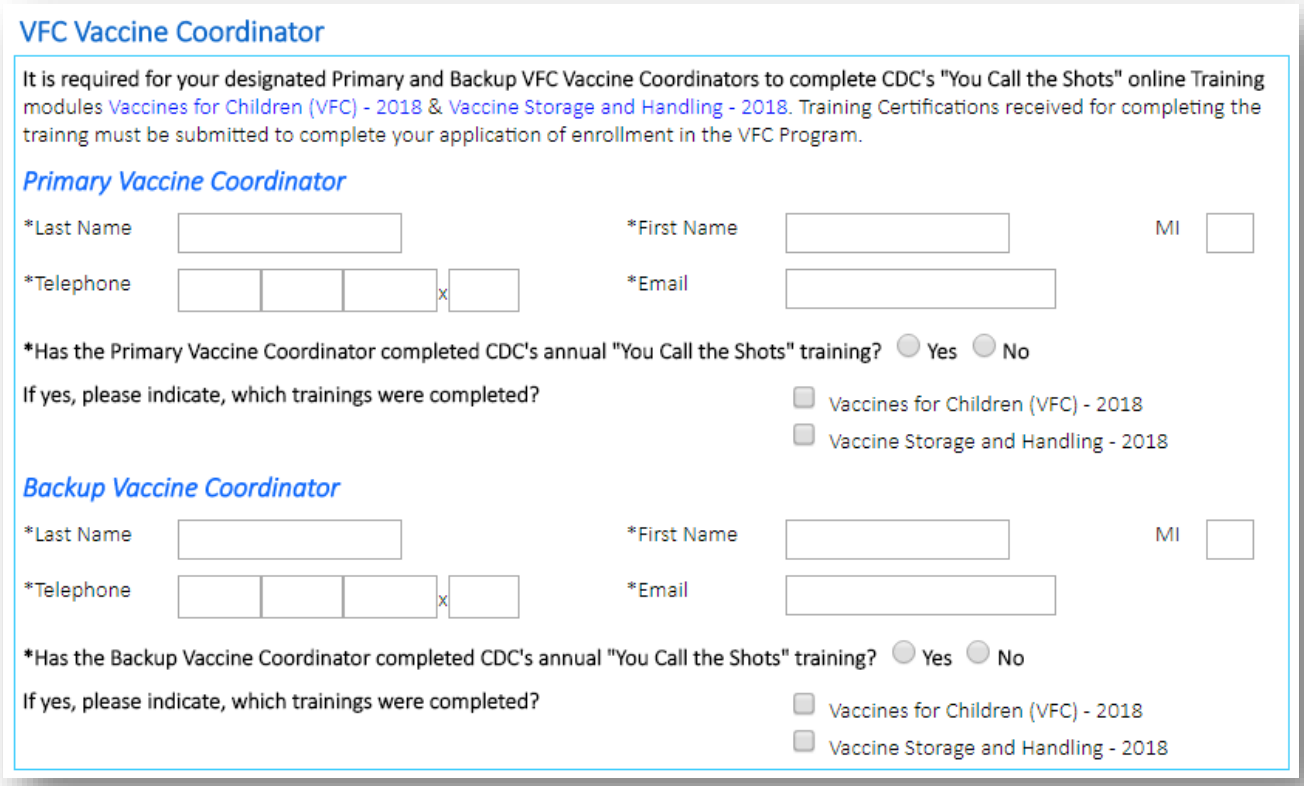


Primary Vaccine Coordinator

A. Name (Last, First)
B. Contact Information: Phone and email
C. Declare if they have completed 2018 annual online VFC trainings provided by CDC
    I. Vaccines for Children (VFC)-2018
    II. Vaccine Storage and Handling-2018

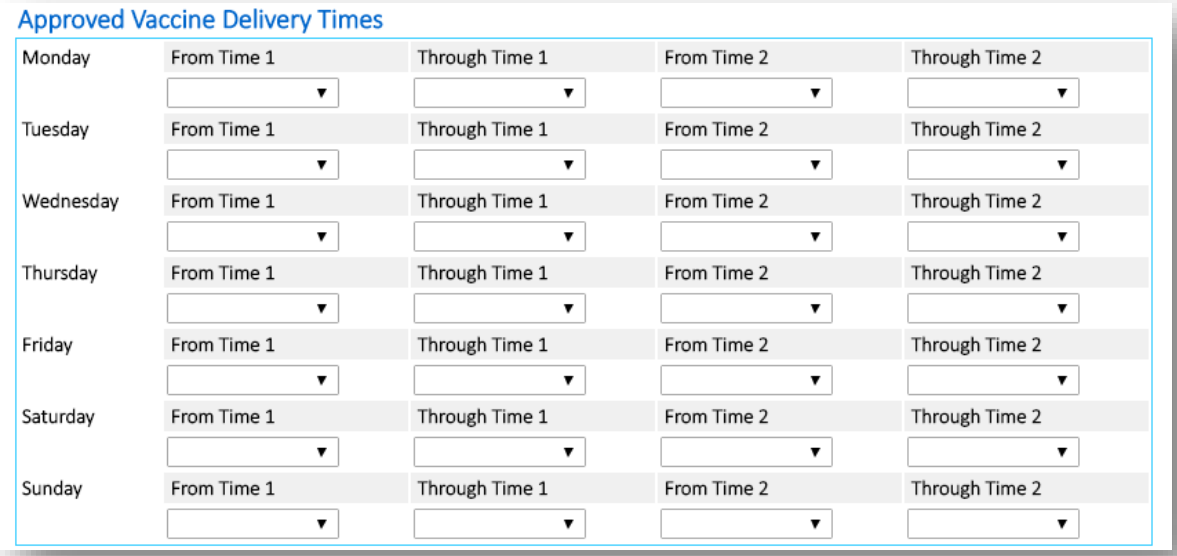
Backup Vaccine Coordinator

A. Name (Last, First)
B. Contact Information: Phone and email
C. Declare if they have completed 2018 annual online VFC trainings provided by CDC
    I. Vaccines for Children (VFC)-2018
    II. Vaccine Storage and Handling-2018



Facility Information

Approved Vaccine Delivery Times

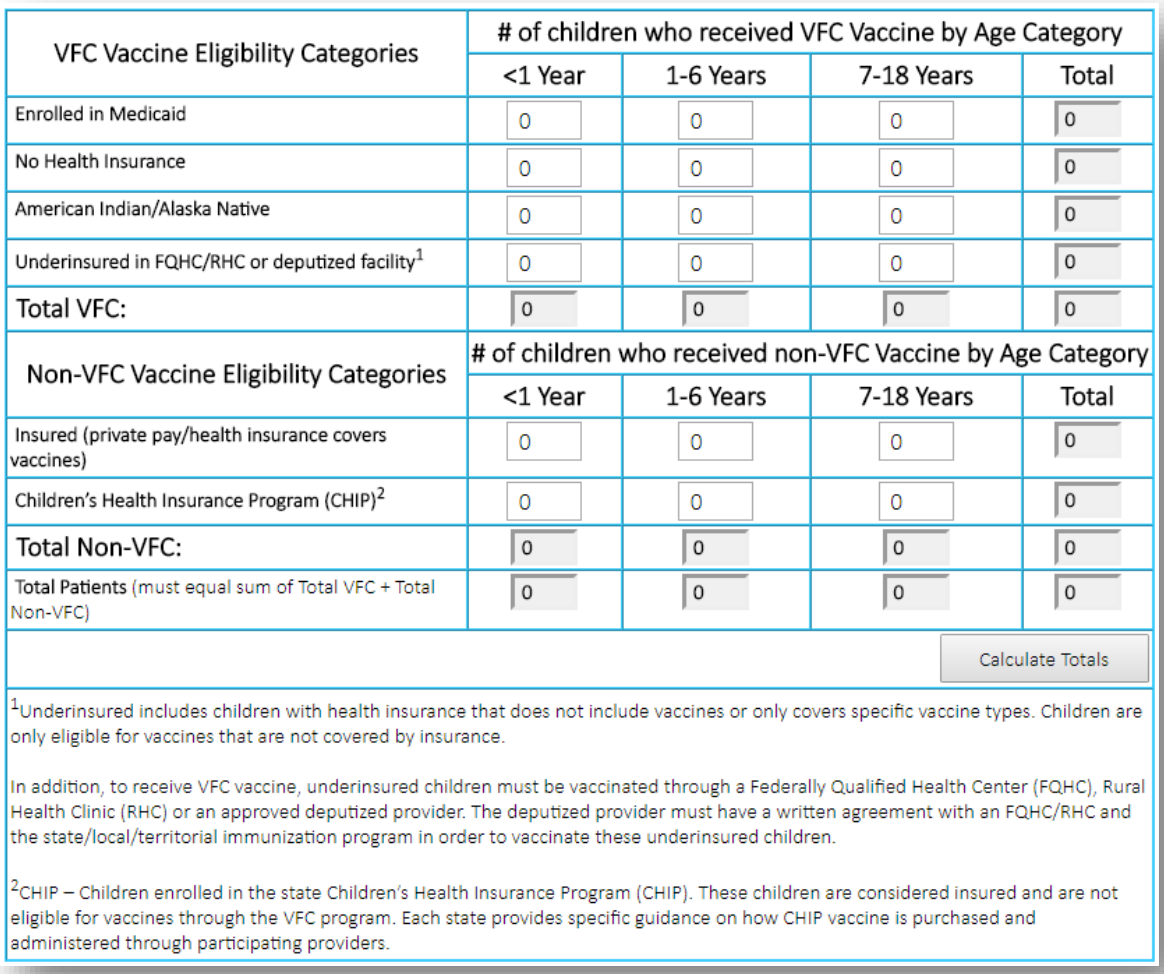


Approved Vaccine Delivery Times

Monday	From Time 1	Through Time 1	From Time 2	Through Time 2
Tuesday	From Time 1	Through Time 1	From Time 2	Through Time 2
Wednesday	From Time 1	Through Time 1	From Time 2	Through Time 2
Thursday	From Time 1	Through Time 1	From Time 2	Through Time 2
Friday	From Time 1	Through Time 1	From Time 2	Through Time 2
Saturday	From Time 1	Through Time 1	From Time 2	Through Time 2
Sunday	From Time 1	Through Time 1	From Time 2	Through Time 2

Vaccine Profile – Population Served by Your Clinic

Any provider that is currently Direct Entry KSWebIZ and in 2017 input data for a minimum of 3 months can access instructions for the Eligibility Category Patient Count Report by selecting here.



VFC Vaccine Eligibility Categories	# of children who received VFC Vaccine by Age Category			
	<1 Year	1-6 Years	7-18 Years	Total
Enrolled in Medicaid	0	0	0	0
No Health Insurance	0	0	0	0
American Indian/Alaska Native	0	0	0	0
Underinsured in FQHC/RHC or deputized facility[1]	0	0	0	0
Total VFC:	0	0	0	0
Non-VFC Vaccine Eligibility Categories	**# of children who received non-VFC Vaccine by Age Category**			
	<1 Year	1-6 Years	7-18 Years	Total
Insured (private pay/health insurance covers vaccines)	0	0	0	0
Children's Health Insurance Program (CHIP)[2]	0	0	0	0
Total Non-VFC:	0	0	0	0
Total Patients (must equal sum of Total VFC + Total Non-VFC)	0	0	0	0

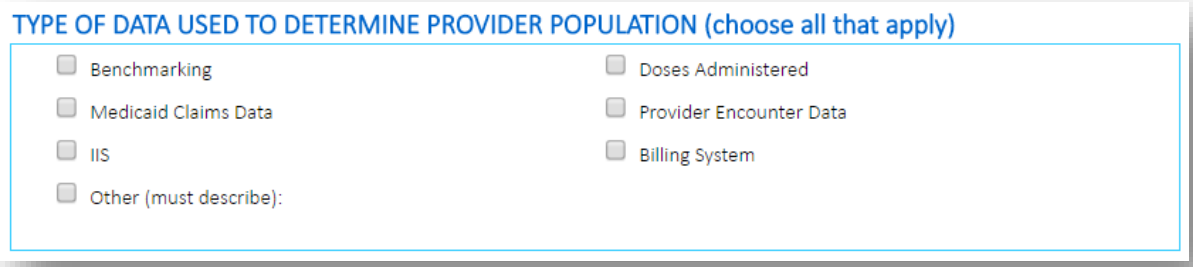
Calculate Totals

[1]Underinsured includes children with health insurance that does not include vaccines or only covers specific vaccine types. Children are only eligible for vaccines that are not covered by insurance.

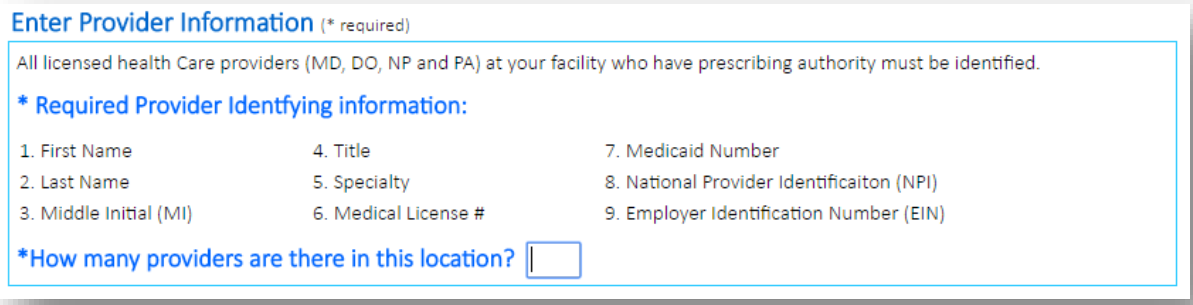
In addition, to receive VFC vaccine, underinsured children must be vaccinated through a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) or an approved deputized provider. The deputized provider must have a written agreement with an FQHC/RHC and the state/local/territorial immunization program in order to vaccinate these underinsured children.

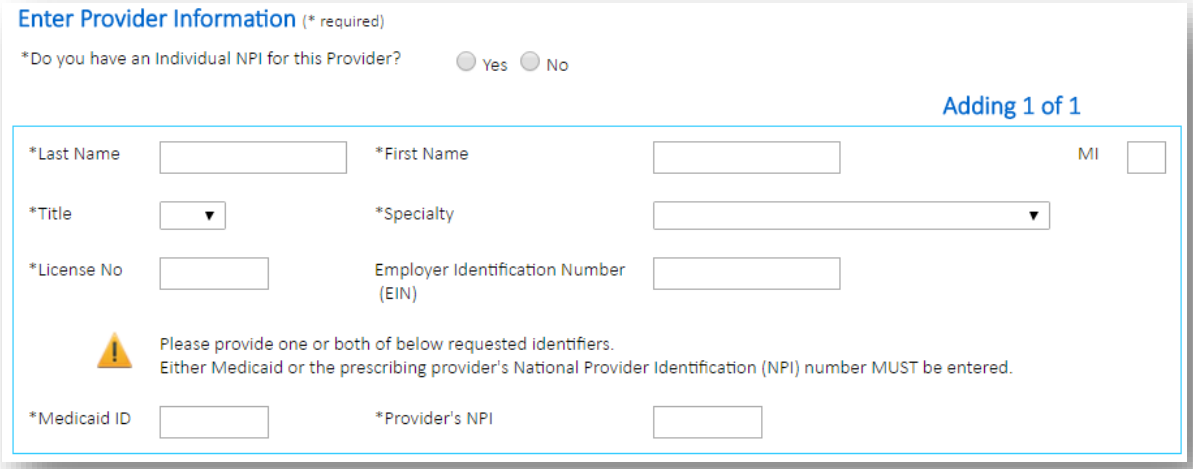
[2]CHIP – Children enrolled in the state Children's Health Insurance Program (CHIP). These children are considered insured and are not eligible for vaccines through the VFC program. Each state provides specific guidance on how CHIP vaccine is purchased and administered through participating providers.

Type of Data Used to Determine Provider Population

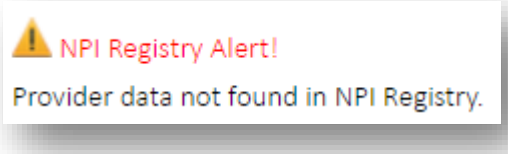


Provide the following information for all prescribing providers in the clinic:

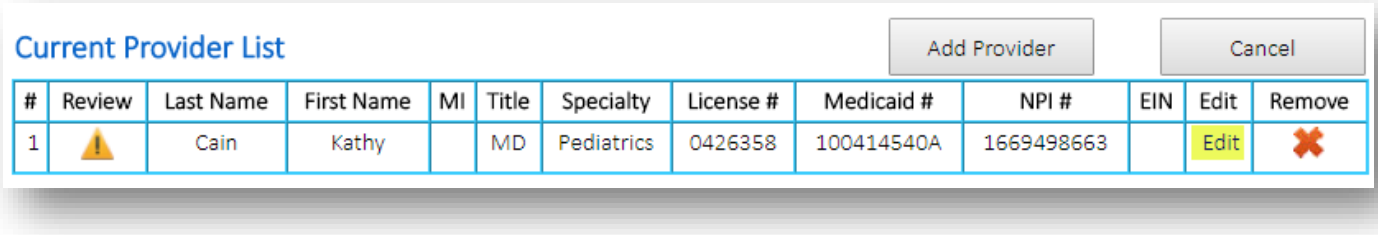




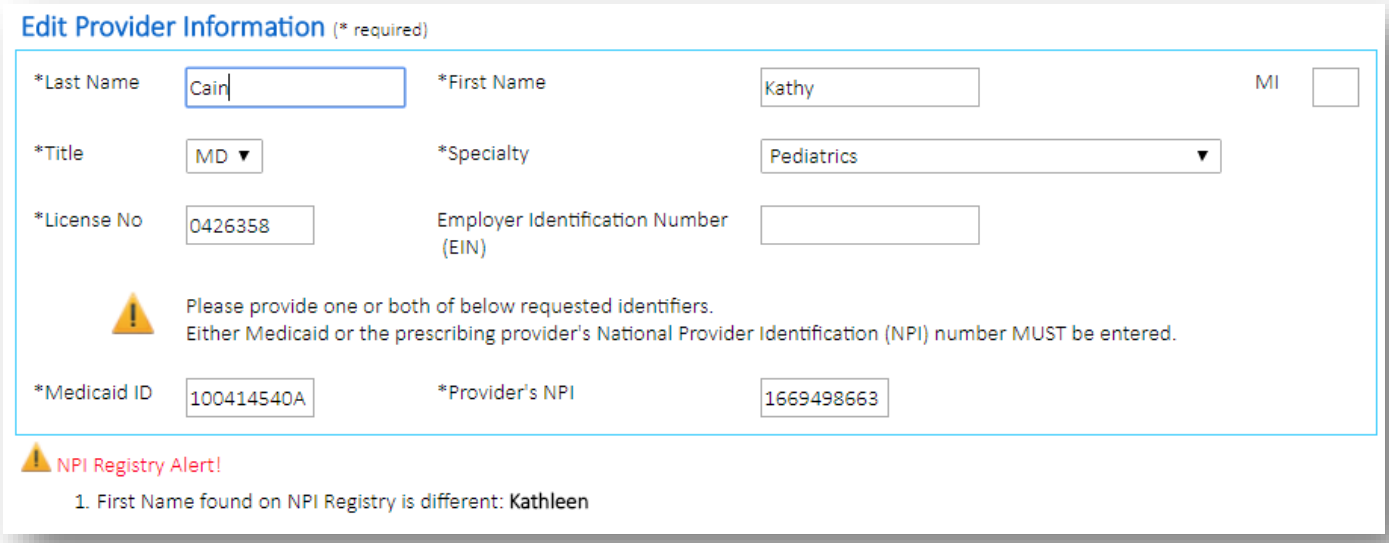
The system will automatically validate NPI numbers and provider data. If invalid NPI numbers or provider data is entered, the system will return a warning.



To reconcile invalid NIP numbers and/or provider data, select *Edit* next to the provider's name.

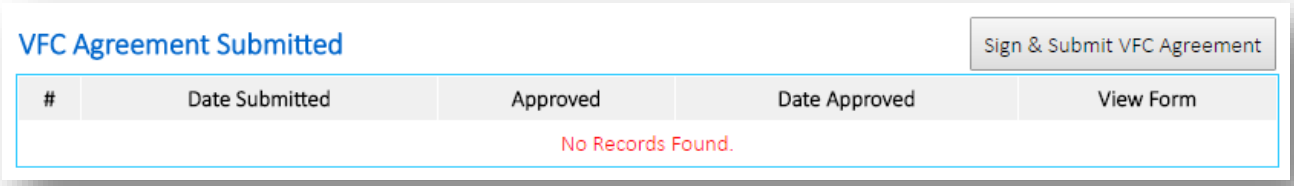


You will need to correct what the system has identified as incorrect.



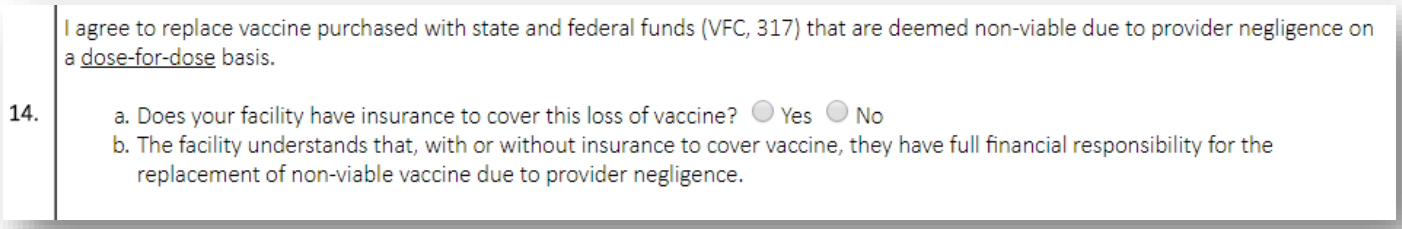
Enrollment Submission Method

To sign the 2018 VFC Provider Agreement using the electronic signature feature, select *Sign & Submit VFC Agreement*.



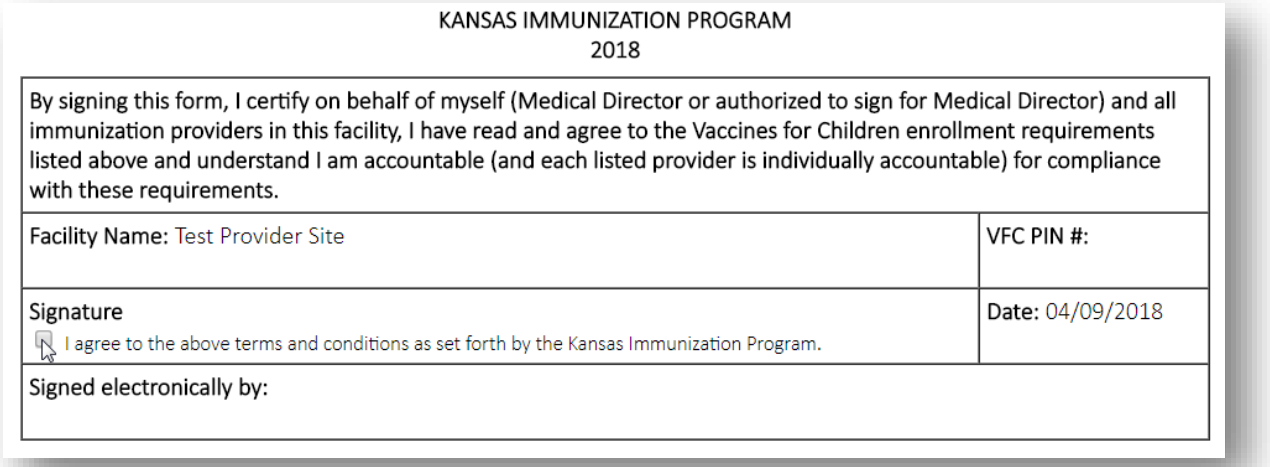
Prior to signing the 2018 VFC Provider Agreement, the system will require you to review the information entered and conditions of the enrollment.

Condition 14 will require you to identify if your facility has insurance to cover the loss of vaccine. You will not be allowed to proceed with signing the 2018 VFC Provider Agreement if condition 14 is not answered.



14.	I agree to replace vaccine purchased with state and federal funds (VFC, 317) that are deemed non-viable due to provider negligence on a dose-for-dose basis. a. Does your facility have insurance to cover this loss of vaccine? ○ Yes ○ No b. The facility understands that, with or without insurance to cover vaccine, they have full financial responsibility for the replacement of non-viable vaccine due to provider negligence.

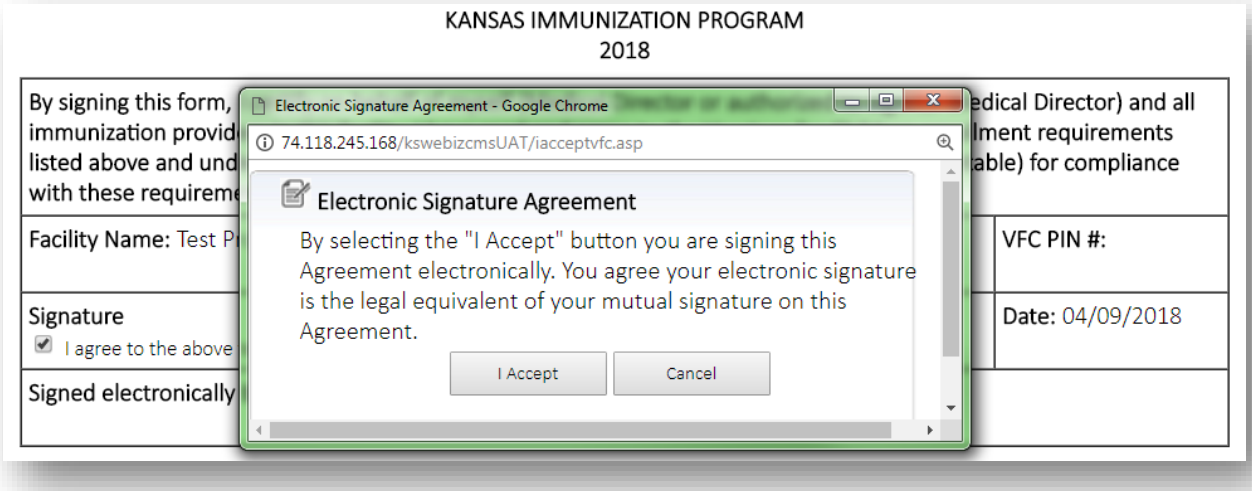
After the 2018 VFC Provider Agreement has been completely reviewed, you will need to check the box indicating that you agree to the terms and conditions as set forth by the Kansas Immunization Program.



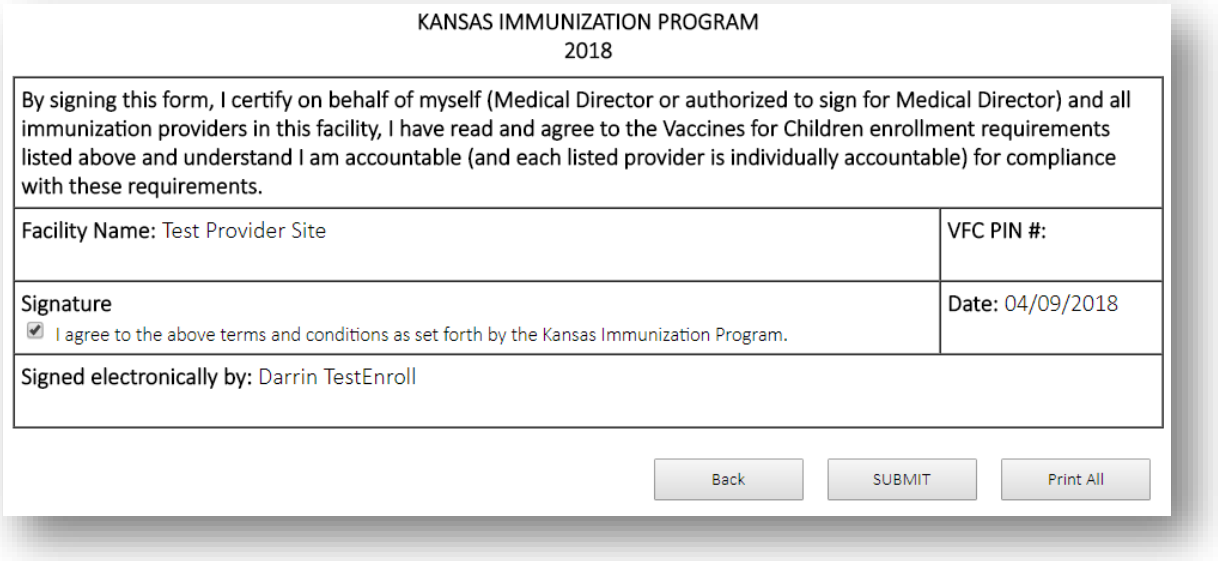
KANSAS IMMUNIZATION PROGRAM
2018

By signing this form, I certify on behalf of myself (Medical Director or authorized to sign for Medical Director) and all immunization providers in this facility, I have read and agree to the Vaccines for Children enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.	
Facility Name: Test Provider Site	**VFC PIN #:**
Signature ☐ I agree to the above terms and conditions as set forth by the Kansas Immunization Program.	**Date:** 04/09/2018
Signed electronically by:	

Checking the box will generate a pop-up window that requires you to select *I Accept*.



The system will populate your name in the *Signed Electronically By* box. You can select *Print All* if you wish to print the agreement. You must select the *Submit* box below the signature line to finalize the submission of the enrollment.


KANSAS IMMUNIZATION PROGRAM
2018

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Facility Name: Test Provider Site | **VFC PIN #:**

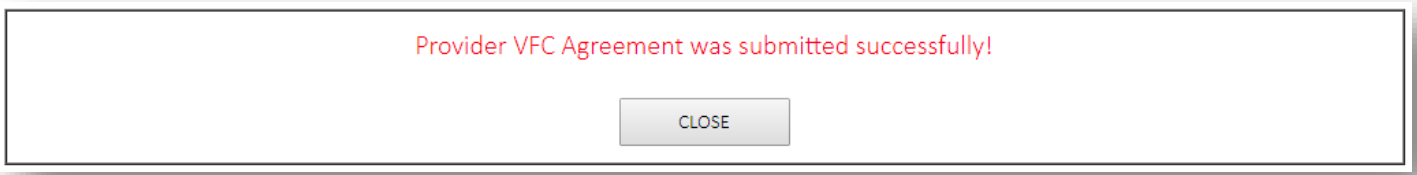
Signature | **Date:** 04/09/2018

☑ I agree to the above terms and conditions as set forth by the Kansas Immunization Program.

Signed electronically by: Darrin TestEnroll

Back | SUBMIT | Print All

The system will provide you confirmation that the 2018 VFC Provider Agreement has been submitted successfully.


Provider VFC Agreement was submitted successfully!

CLOSE

What to Expect After Submitting

You will be notified by email when your enrollment has been approved or if changes need to be made.

All ***new*** Primary and/or Backup VFC Vaccine Coordinators will need to register for access to KSWebIZ, as each VFC Vaccine Coordinator is required to have training and access to KSWebIZ to submit monthly VFC reports and orders.

New Primary and/or Backup VFC Vaccine Coordinators can proceed with registering for KSWebIZ by visiting https://kanphix.kdhe.state.ks.us/ and selecting the link labeled *WebIZ*.

If you would like to view your agreement, you can select *View Agreement* from the *Main* page at any time.

Enrollment Questions

Questions about your 2018 VFC Enrollment should be directed to your VFC Regional Consultant. To determine who your consultant is, you can visit the following web page:
http://www.kdheks.gov/immunize/vfc_program.html

You may also submit a Support Ticket in IV-4 by selecting the *Help Desk* tab.